

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN EXCEPTIONALISM PAC

ADDRESS (number and street)

3301 RICHMOND HWY

#1250

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22305

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00833749

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2023

12

31

2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

TERRY, KATIE, , ,

Signature of Treasurer

TERRY, KATIE, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

31

2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN EXCEPTIONALISM PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
12 / 31 / 2023

|  | COLUMN A<br>This Period                 | COLUMN B<br>Calendar Year-to-Date       |
|--|---|---|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="0"/>   |   | <input type="text" value="0.00"/>       |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="224547.59"/>  |   |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="8183096.96"/> | <input type="text" value="8688226.96"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="8407644.55"/> | <input type="text" value="8688226.96"/> |
| 7. Total Disbursements (from Line 31) .....  | <input type="text" value="8128866.81"/> | <input type="text" value="8409449.22"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <input type="text" value="278777.74"/>  | <input type="text" value="278777.74"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>       |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>       |   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN EXCEPTIONALISM PAC**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 8154911.98                    | 8659911.98                        |
| (ii) Unitemized .....   | 210.00                        | 340.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 8155121.98                    | 8660251.98                        |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 8155121.98                    | 8660251.98                        |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 27974.98                      | 27974.98                          |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....  | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                         | 8183096.96                    | 8688226.96                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 8183096.96                    | 8688226.96                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 1926474.07                    | 2057156.33                        |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1926474.07                    | 2057156.33                        |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 6202392.74                    | 6352292.89                        |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 8128866.81                    | 8409449.22                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8128866.81                    | 8409449.22                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 8155121.98                    | 8660251.98                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 8155121.98                    | 8660251.98                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 1926474.07                    | 2057156.33                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 27974.98                      | 27974.98                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 1898499.09                    | 2029181.35                        |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YASS, JEFF, , ,**

Mailing Address 401 E CITY AVENUE, SUITE 220

City  
BALA CYNWYDState  
PAZip Code  
19004-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIGOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4868281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2023

Transaction ID : SA11A.177715

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YASS, JEFF, , ,**

Mailing Address 401 E CITY AVENUE, SUITE 220

City  
BALA CYNWYDState  
PAZip Code  
19004-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIGOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4868281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2023

Transaction ID : SA11A.177716

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JACKSON INVESTMENT GROUP LLC**

Mailing Address 2655 NORTHWINDS PKWY

City  
ALPHARETTAState  
GAZip Code  
30009-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2023

Transaction ID : SA11A.177717

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 144

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LUDDY, ROBERT, , ,**

Mailing Address 4641 PARAGON PARK RD

City  
RALEIGHState  
NCZip Code  
27616-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPTIVE AIROccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2023

Transaction ID : SA11A.177719

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YASS, JEFF, , ,**

Mailing Address 401 E CITY AVENUE, SUITE 220

City  
BALA CYNWYDState  
PAZip Code  
19004-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIGOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4868281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2023

Transaction ID : SA11A.177718

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. INGRAM, DOUGLAS, , ,**

Mailing Address 1 FRANKLIN STREET, UNIT 4203

City  
BOSTONState  
MAZip Code  
02110-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAREPTAOccupation (for Individual)  
PRESIDENT/ CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2023

Transaction ID : SA11A.177720

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. UIHLEIN, ELIZABETH, , ,**

Mailing Address P.O. BOX 52

City  
LAKE BLUFFState  
ILZip Code  
60044-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ULINEOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2023

Transaction ID : SA11A.177721

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YASS, JEFF, , ,**

Mailing Address 401 E CITY AVENUE, SUITE 220

City  
BALA CYNWYDState  
PAZip Code  
19004-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIGOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4868281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2023

Transaction ID : SA11A.177723

Amount of Each Receipt this Period

2718281.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOLDBERG LAW GROUP PA**

Mailing Address 944 4TH ST N, STE 600

City  
ST PETERSBURGState  
FLZip Code  
33701-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2023

Transaction ID : SA11A.177722

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2738281.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 144  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACKMAN, WILLIAM, A, ,**

Mailing Address 787 ELEVENTH AVENUE

City  
NEW YORKState  
NYZip Code  
10019-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PERSHING SQUARE CAPITAL MANAGEMENTOccupation (for Individual)  
FUND MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2023

Transaction ID : SA11A.177724

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINKLEVOSS, CAMERON, , ,**

Mailing Address 30 WEST 24TH STREET, 4TH FLOOR

City  
NEW YORKState  
NYZip Code  
10010-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WINKLEVOSS CAPITAL MANAGEMENT LLCOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11A.177725

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINKLEVOSS, TYLER, , ,**

Mailing Address 30 WEST 24TH STREET, 4TH FLOOR

City  
NEW YORKState  
NYZip Code  
10010-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WINKLEVOSS CAPITAL MANAGEMENT LLCOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11A.177726

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 144

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BUSCH, AUGUST, A, , III**

Mailing Address 1 MID RIVERS MALL DR, SUITE 210

City  
ST. PETERSState  
MOZip Code  
63376-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2023

Transaction ID : SA11A.177729

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KLINGENSTEIN, THOMAS, , ,**

Mailing Address 580 WEST END AVENUE, APARTMENT 3

City  
NEW YORKState  
NYZip Code  
10024-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2023

Transaction ID : SA11A.177730

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CEPIA LLC**

Mailing Address 121 HUNTER AVENUE, SUITE 103

City  
CLAYTONState  
MOZip Code  
63124-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

16700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2023

Transaction ID : SA11A.177731

Amount of Each Receipt this Period

16700.00

☐ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1116700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 144

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HORNSBY, RUSS, , ,**

Mailing Address 121 HUNTER AVENUE, SUITE 103

City  
CLAYTONState  
MOZip Code  
63124-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CEPIA LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2023

Transaction ID : SA11A.177775

Amount of Each Receipt this Period

16700.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BYERS, BLAKE, , ,**

Mailing Address 2893 WOODSIDE ROAD

City  
WOODSIDEState  
CAZip Code  
94062-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
PRIVATE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2023

Transaction ID : SA11A.177733

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YASS, JEFF, , ,**

Mailing Address 401 E CITY AVENUE, SUITE 220

City  
BALA CYNWYDState  
PAZip Code  
19004-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIGOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4868281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2023

Transaction ID : SA11A.177734

Amount of Each Receipt this Period

400000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOLDBERG LAW GROUP PA**

Mailing Address 944 4TH ST N, STE 600

City  
ST PETERSBURGState  
FLZip Code  
33701-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2023

Transaction ID : SA11A.177735

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERGERON, DOUGLAS, , ,**

Mailing Address 2223 S HIGHLAND DR, E6-121

City  
SALT LAKE CITYState  
UTZip Code  
84106-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CANTALOUPEOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2023

Transaction ID : SA11A.177736

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VATTIKUTI, RAJ, , ,**

Mailing Address 9001 COLLINS AVE, SPH 6

City  
SURFSIDEState  
FLZip Code  
33154-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VATTIKUTI VENTURESOccupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2023

Transaction ID : SA11A.177737

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHANG, JASON, , ,**

Mailing Address 20 KELLY COURT

City  
MENLO PARKState  
CAZip Code  
94025-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
C S BIO CO.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2023

Transaction ID : SA11A.177738

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUANG, MATTHEW, , ,**

Mailing Address 548 MARKET ST, #78415

City  
SAN FRANCISCOState  
CAZip Code  
94104-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARADIGMOccupation (for Individual)  
CO-FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023

Transaction ID : SA11A.177739

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DUGGAN, PATRICIA, , ,**

Mailing Address 200 N GARDEN AVENUE, SUITE B

City  
CLEARWATERState  
FLZip Code  
33755-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2023

Transaction ID : SA11A.177741

Amount of Each Receipt this Period

3800.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

153800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 144

(check only one)

|  |                              |                              |                             |                             |                             |                             |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODRIGUEZ, BYRON, , ,**

Mailing Address 1259 EL CAMINO REAL

City  
MENLO PARKState  
CAZip Code  
94025-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GHERARDESCA CAPITALOccupation (for Individual)  
GENERAL PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2023

Transaction ID : SA11A.177740

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MADRA, SUNDEEP, , ,**

Mailing Address 27569 SAMUEL LANE

City  
LOS ALTOS HILLSState  
CAZip Code  
94022-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEFINITIVE INTELLIGENCEOccupation (for Individual)  
CO-FOUNDER / CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2023

Transaction ID : SA11A.177743

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SOCIAL CAPITAL HOLDINGS INC.**

Mailing Address 83 ALEJANDRA AVENUE

City  
ATHERTONState  
CAZip Code  
94027-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2023

Transaction ID : SA11A.177742

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABBHI, SANKESH, , ,**

Mailing Address 2811 SOUTH BAYSHORE DRIVE

City  
MIAMIState  
FLZip Code  
33133-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SITERO LLCOccupation (for Individual)  
BUSINESS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2023

Transaction ID : SA11A.177744

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KUMAR, NEIL, , ,**

Mailing Address 7 SANDSTONE STREET

City

PORTOLA VALLEY

State

CA

Zip Code

94028-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRIDGEBIO PHARMA INCOccupation (for Individual)  
PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2023

Transaction ID : SA11A.177745

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PALIHAPITIYA, CHAMATH, , ,**

Mailing Address 83 ALEJANDRA AVENUE

City

ATHERTON

State

CA

Zip Code

94027-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOCIAL CAPITALOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7078.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023

Transaction ID : SA11A.177746

Amount of Each Receipt this Period

7078.48

☐ Memo Item

CONTRIBUTION

IN KIND: FOOD / BEVERAGE / CATERING

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157078.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EHRSAM, FRED, , ,**

Mailing Address 548 MARKET ST, #78415

City  
SAN FRANCISCOState  
CAZip Code  
94104-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARADIGMOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2023

Transaction ID : SA11A.177747

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROOSA, ROBERT, , ,**

Mailing Address 708 SANTALUZ PATH

City  
AUSTINState  
TXZip Code  
78732-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRIGHAM ROYALTIESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2023

Transaction ID : SA11A.177749

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOCK, STACY, , ,**

Mailing Address 3331 WESTLAKE DRIVE

City  
AUSTINState  
TXZip Code  
78746-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2023

Transaction ID : SA11A.177751

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 144

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN VENTURES LLC**

Mailing Address 1801 LAVACA STREET, SUITE 116

City  
AUSTINState  
TXZip Code  
78701-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023

Transaction ID : SA11A.177752

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MERIDIAN CAPITAL OF TEXAS LLC**

Mailing Address 1801 LAVACA STREET, SUITE 116

City  
AUSTINState  
TXZip Code  
78701-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023

Transaction ID : SA11A.177753

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAN ANTONIO HOME SOLUTIONS LLC**

Mailing Address 1801 LAVACA STREET, SUITE 116

City  
AUSTINState  
TXZip Code  
78701-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023

Transaction ID : SA11A.177754

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 144  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRIGHAM, ANNE, , ,**

Mailing Address 3806 SPIRIT LAKE COVE

City  
AUSTINState  
TXZip Code  
78746-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2023

Transaction ID : SA11A.177758

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRIGHAM, BEN, , ,**

Mailing Address 3806 SPIRIT LAKE COVE

City  
AUSTINState  
TXZip Code  
78746-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANTHEM VENTURESOccupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2023

Transaction ID : SA11A.177757

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZILIS, SHIVON, , ,**

Mailing Address 100 ALTA STREET

City  
SAN FRANCISCOState  
CAZip Code  
94133-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2023

Transaction ID : SA11A.177756

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 144

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REGIABA, ADAM, , ,**

Mailing Address 37 ANACAPA LANE

City  
ALISO VIEJOState  
CAZip Code  
92656-1630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UPFRONT INCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023

Transaction ID : SA11A.177759

Amount of Each Receipt this Period

3400.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN EXCEPTIONALISM PUBLIC POLICY COMMITTEE**

Mailing Address 3301 RICHMOND HWY, #1250

City  
ALEXANDRIAState  
VAZip Code  
22305-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11A.177760

Amount of Each Receipt this Period

300000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ADVANCED FUNDING ASSOCIATES LLC**

Mailing Address 1305 LAKE STREET, UNIT 1C

City  
ROSCELLEState  
ILZip Code  
60172-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2023

Transaction ID : SA11A.177761

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

353400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 144

(check only one)

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MANTRA RESTAURANTS INC.**

Mailing Address 712 NORTH MAIN STREET

City  
CORONAState  
CAZip Code  
92880-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.50

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2023

Transaction ID : SA11A.177762

Amount of Each Receipt this Period

652.50

☐ Memo Item

CONTRIBUTION

IN KIND: FOOD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZAKI, KAREEM, , ,**

Mailing Address 714 LAKEVIEW DRIVE

City

MIAMI BEACH

State

FL

Zip Code

33140-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THRIVE

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2023

Transaction ID : SA11A.177763

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZAKI, RAQUEL, , ,**

Mailing Address 714 LAKEVIEW DRIVE

City

MIAMI BEACH

State

FL

Zip Code

33140-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CIVIC VOLUNTEER

Occupation (for Individual)

CIVIC VOLUNTEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2023

Transaction ID : SA11A.177764

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100652.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 144  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ARORA, VIJAY, , ,**

Mailing Address 20301 RANCHERIAS ROAD

City  
APPLE VALLEYState  
CAZip Code  
92307-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

Transaction ID : SA11A.177766

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KONDLE, VENU, , ,**

Mailing Address P.O. BOX 1460

City  
YUBA CITYState  
CAZip Code  
95992-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

Transaction ID : SA11A.177767

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARWAR VENTURES LLC**

Mailing Address 1157 W GRAND BOULEVARD

City  
CORONAState  
CAZip Code  
92882-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

Transaction ID : SA11A.177768

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 144

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PROMISECARE MANAGEMENT SERVICES LLC**

Mailing Address 1545 W FLORIDA AVENUE

City  
HEMETState  
CAZip Code  
92543-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

Transaction ID : SA11A.177765

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHULMAN BASTIAL FRIEDMAN & BUI LLP**

Mailing Address 100 SPECTRUM CENTER DRIVE, SUITE 6

City  
IRVINEState  
CAZip Code  
92618-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

Transaction ID : SA11A.177769

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHULMAN, LEONARD, , ,**

Mailing Address 100 SPECTRUM CENTER DRIVE #100

City  
IRVINEState  
CAZip Code  
92618-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SHULMAN BASTIAL FRIEDMAN &amp; BUI LLP

Occupation (for Individual)

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

Transaction ID : SA11A.177776

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 144  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CARDONE, GARY, , ,**

Mailing Address 2131 OCEANVIEW DRIVE

City  
ST. PETERSBURGState  
FLZip Code  
33715-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.177771

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ABBHI, SANKESH, , ,**

Mailing Address 2811 SOUTH BAYSHORE DRIVE

City  
MIAMIState  
FLZip Code  
33133-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SITERO LLCOccupation (for Individual)  
BUSINESS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.177772

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARDONE, GARY, , ,**

Mailing Address 2131 OCEANVIEW DRIVE

City  
ST. PETERSBURGState  
FLZip Code  
33715-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.177774

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 144

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VATTIKUTI, RAJ, , ,**

Mailing Address 9001 COLLINS AVE, SPH 6

City  
SURFSIDEState  
FLZip Code  
33154-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VATTIKUTI VENTURESOccupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.177773

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

8154911.98



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 144  
(check only one)

|                              |                              |  |                             |
|------------------------------|------------------------------|--|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |  |                             |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THE STRATEGY GROUP FOR MEDIA INC.**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2023

Transaction ID : SA15.02

Amount of Each Receipt this Period

8960.20

☐ Memo Item

REFUND - MEDIA PRODUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THE STRATEGY GROUP FOR MEDIA INC.**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2023

Transaction ID : SA15.01

Amount of Each Receipt this Period

19014.78

☐ Memo Item

REFUND - MEDIA PRODUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27974.98

27974.98

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416

Purpose of Disbursement

DATA SUBSCRIPTION SERVICES / PARKING / POLITICAL STRATEGY

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.2

Amount of Each Disbursement this Period

15820.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.1

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE GREYJOY GROUP**Mailing Address 145 E RICH STREET  
SUITE 100City  
COLUMBUSState  
OHZip Code  
43215

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.3

Amount of Each Disbursement this Period

31000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

46845.82

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 1 | 0 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.5

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 1 | 4 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.6

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.7

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 2 | 2 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.8

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 2 | 4 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.9

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

|                                     |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 26 | <input type="checkbox"/> | 27  |
| <input type="checkbox"/>            | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

AMERICAN EXCEPTIONALISM PAC

Category/  
Type

 Memo Item

District:

Category/  
Type

17500.00

Memo Item

District:

Category/  
Type

100.00

Memo Item

17625.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7670 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43016Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 3 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

4800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE GREYJOY GROUP**Mailing Address 145 E RICH STREET  
SUITE 100City  
COLUMBUSState  
OHZip Code  
43215Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 3 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

170000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416Purpose of Disbursement  
DATA SUBSCRIPTION SERVICES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

680.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175480.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP LLC**

Mailing Address 611 PENNSYLVANIA AVE, SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.17

Amount of Each Disbursement this Period

6411.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6486.49

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP LLC**

Mailing Address 611 PENNSYLVANIA AVE, SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.20

Amount of Each Disbursement this Period

5116.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CYGNAL**Mailing Address 900 17TH ST NW  
SUITE 950City  
WASHINGTONState  
DCZip Code  
20006

Purpose of Disbursement

POLLING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.21

Amount of Each Disbursement this Period

64000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69141.77



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.22

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL PLLC**

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City  
HAYMARKETState  
VAZip Code  
20169

Purpose of Disbursement

LEGAL CONSULTING / POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.23

Amount of Each Disbursement this Period

45194.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.24

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45319.80

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 2 |   |   | 2 | 0 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.25

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015

Purpose of Disbursement

DATA PROCESSING SERVICES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 2 |   |   | 2 | 0 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.26

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 3 |   |   | 2 | 0 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.27

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7671 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43017Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.28

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.29

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.31

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5050.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.32**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416

Purpose of Disbursement

DATA SUBSCRIPTION SERVICES / FOOD / BEVERAGE / LIST RENTAL /

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.34**

Amount of Each Disbursement this Period

20973.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.33**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21123.11

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.36

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE GREYJOY GROUP**Mailing Address 145 E RICH STREET  
SUITE 100City  
COLUMBUSState  
OHZip Code  
43215

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.37

Amount of Each Disbursement this Period

847656.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.38

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

847731.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. ABING, SCOTT, , , (VENDOR)**

Mailing Address 2061 ROSEWOOD DR NW

City  
CEDAR RAPIDSState  
IAZip Code  
52405

Purpose of Disbursement

VIDEOGRAPHY SERVICES / DELIVERY SERVICE / OFFICE SUPPLIES /

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.40**

Amount of Each Disbursement this Period

2739.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.39**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.41**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2789.26

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.42

Amount of Each Disbursement this Period

394.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.43

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.44

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

519.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.45

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. I360 LLC**Mailing Address 2300 CLARENDON BLVD  
SUITE 800City  
ARLINGTONState  
VAZip Code  
22201

Purpose of Disbursement

DATA SUBSCRIPTION SERVICES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.46

Amount of Each Disbursement this Period

11040.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.47

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11090.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7672 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43018Purpose of Disbursement  
DIGITAL CONSULTING / LODGING / TRAVEL

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.48

Amount of Each Disbursement this Period

5889.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.49

Amount of Each Disbursement this Period

1970.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.50

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7884.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.51

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP LLC**

Mailing Address 611 PENNSYLVANIA AVE, SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.52

Amount of Each Disbursement this Period

8763.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.53

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8838.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7673 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43019

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.54**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PALIHAPITIYA, CHAMATH, , ,**

Mailing Address 83 ALEJANDRA AVE

City  
ATHERTONState  
CAZip Code  
94027

Purpose of Disbursement

IN KIND: FOOD / BEVERAGE / CATERING

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.56**

Amount of Each Disbursement this Period

7078.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.55**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7603.48

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416

Purpose of Disbursement

DATA SUBSCRIPTION SERVICES / EVENT TICKETS / FOOD /

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.59

Amount of Each Disbursement this Period

21543.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.57

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE GREYJOY GROUP**Mailing Address 145 E RICH STREET  
SUITE 100City  
COLUMBUSState  
OHZip Code  
43215

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.60

Amount of Each Disbursement this Period

425000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

446593.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.58

Amount of Each Disbursement this Period

3.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.61

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7673 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43019Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.62

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5028.94

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.63

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.64

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.65

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 0 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.66

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 0 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.67

Amount of Each Disbursement this Period

0.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.68

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.69

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.70

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 6 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.71

Amount of Each Disbursement this Period

0.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.99



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.72

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.73

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE PROSPER GROUP**

Mailing Address PO BOX 488

City  
GREENWOODState  
INZip Code  
46142

Purpose of Disbursement

DIGITAL CONSULTING / WEB SERVICE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.74

Amount of Each Disbursement this Period

7600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7650.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.75

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP LLC**

Mailing Address 611 PENNSYLVANIA AVE, SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.76

Amount of Each Disbursement this Period

7616.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 4 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.77

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7716.51

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.78

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.79

Amount of Each Disbursement this Period

133.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.80

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

183.96

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.81

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE GREYJOY GROUP**Mailing Address 145 E RICH STREET  
SUITE 100City  
COLUMBUSState  
OHZip Code  
43215

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.82

Amount of Each Disbursement this Period

35680.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416

Purpose of Disbursement

DATA SUBSCRIPTION SERVICES / POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.86

Amount of Each Disbursement this Period

17810.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

53515.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. AUSTIN CATERING**

Mailing Address 8530 BURNET RD

City  
AUSTINState  
TXZip Code  
78757

Purpose of Disbursement

FOOD / BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.87**

Amount of Each Disbursement this Period

2576.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.83**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MANTRA RESTAURANTS INC.**

Mailing Address 712 NORTH MAIN STREET

City  
CORONAState  
CAZip Code  
92880

Purpose of Disbursement

IN KIND: FOOD

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.88**

Amount of Each Disbursement this Period

652.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3329.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7673 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43019Purpose of Disbursement  
DIGITAL CONSULTING / MEDIA PRODUCTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.85

Amount of Each Disbursement this Period

6750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE STRATEGY GROUP FOR MEDIA INC.**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.89

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.84

Amount of Each Disbursement this Period

1600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13350.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. THE PROSPER GROUP**

Mailing Address PO BOX 488

City  
GREENWOODState  
INZip Code  
46142Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 09 |   |   | 2023 |   |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.90

Amount of Each Disbursement this Period

7450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 10 |   |   | 2023 |   |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.91

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSBY OTTENHOFF GROUP LLC**

Mailing Address 611 PENNSYLVANIA AVE, SE #267

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 14 |   |   | 2023 |   |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.92

Amount of Each Disbursement this Period

7536.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15011.91

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 6 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.93**

Amount of Each Disbursement this Period

|   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|
| 2 | 5 | . | 0 | 0 |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.94**

Amount of Each Disbursement this Period

|   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|
| 2 | 5 | . | 0 | 0 |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.95**

Amount of Each Disbursement this Period

|   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|
| 2 | 5 | . | 0 | 0 |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|
| 7 | 5 | . | 0 | 0 |  |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.96

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.97

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.98

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.99

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.100

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.102

Amount of Each Disbursement this Period

17500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17600.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 0 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.105

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 0 | 9 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.106

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 1 | 1 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.107

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.108

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.109

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 1 | 4 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.110

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 |   |   |
| 12 / 15 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.111

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 |   |   |
| 12 / 18 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.112

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSBY OTTENHOFF GROUP LLC**

Mailing Address 611 PENNSYLVANIA AVE, SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

COMPLIANCE CONSULTING / POSTAGE / DELIVERY SERVICE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 |   |   |
| 12 / 18 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.113

Amount of Each Disbursement this Period

5127.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5177.90

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 9 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.114**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL PLLC**

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City  
HAYMARKETState  
VAZip Code  
20169

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 9 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.116**

Amount of Each Disbursement this Period

11700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC MEDIA PLACEMENT INC**

Mailing Address 7673 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43019

Purpose of Disbursement

DIGITAL CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 9 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.115**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16725.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 2 | 0 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.117

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 2 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.118

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ASCENT STRATEGIC INC**

Mailing Address PO BOX 80219

City  
CHARLESTONState  
SCZip Code  
29416

Purpose of Disbursement

DATA SUBSCRIPTION SERVICES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.120

Amount of Each Disbursement this Period

310.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 144

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN EXCEPTIONALISM PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 27 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.119**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

1926471.71



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 67 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 15 / 2023  |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.3</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 07 / 2023   |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">58892.46</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 15 / 2023  |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.4</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 03 / 2023   |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">58992.46</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">600.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 68 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |   |  |
|---|-------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>07 / 10 / 2023   |   |  |
| Mailing Address PO BOX 80219  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2465.16</div>   |   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.5</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>07 / 10 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>NH</u> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">61457.62</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>07 / 14 / 2023   |   |  |
| Mailing Address PO BOX 80219  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2016.80</div>   |   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.6</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>07 / 14 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>IA</u> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94124.49</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4481.96</div>   |   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>01 / 31 / 2024   |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 69 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |  |   |   |                   |
|---|--|--|---|---|-------------------|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |  |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |                   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |                   |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC.   |  |  | <input type="checkbox"/> Memo Item  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 14 / 2023</div> |                   |
| Mailing Address 7669 STAGERS LOOP   |  |  | City<br>DELAWARE  | State<br>OH   | Zip Code<br>43015 |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |  |  |   |   |                   |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA  |                   |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">95624.49</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |                   |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC.   |  |  | <input type="checkbox"/> Memo Item  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 19 / 2023</div> |                   |
| Mailing Address PO BOX 80219  |  |  | City<br>CHARLESTON  | State<br>SC   | Zip Code<br>29416 |
| Purpose of Expenditure<br>SMS MESSAGING   |  |  |   |   |                   |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: NH  |                   |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">65337.22</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |                   |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5379.60</div>  |                   |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |                   |
| (c) TOTAL Independent Expenditures .....  |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |                   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |  |   |   |                   |
| TERRY, KATIE, , ,<br>Signature  |  |  |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 31 / 2024</div>   |                   |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 70 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |   |   |
|--|-------------|---|---|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report   |             | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>  |   |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">896.16</div> |   |
| Mailing Address PO BOX 80219   |             | Transaction ID : <b>SE.9</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>   |   |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">96520.65</div>  |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>IA</u>   |   |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |             |   |   |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">755.00</div> |   |
| Mailing Address 7669 STAGERS LOOP  |             | Transaction ID : <b>SE.10</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>  |   |
| City<br>DELAWARE   | State<br>OH | Zip Code<br>43015   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT   |             | Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">66092.22</div>  |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>NH</u>   |   |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |             |   |   |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">1651.16</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |   |   |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>01 / 31 / 2024  |   |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 71 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 20 / 2022   |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">755.00</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.11</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 22 / 2023   |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">97275.65</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 20 / 2022   |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">755.00</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.12</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 22 / 2023   |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: SC |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">755.00</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1510.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 72 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC.  |             | <input type="checkbox"/> Memo Item  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 20 / 2022                    |  |
| Mailing Address<br>7669 STAGERS LOOP  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">755.00</div> |  |  |
| City<br>DELAWARE  | State<br>OH |   |  |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             | Category/<br>Type   | Transaction ID : SE.13<br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 22 / 2023 |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">755.00</div>           | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC.   |             | <input type="checkbox"/> Memo Item  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 23 / 2023                    |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">578.52</div> |  |  |
| City<br>CHARLESTON  | State<br>SC |   |  |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type   | Transaction ID : SE.14<br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 24 / 2023 |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">97854.17</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1333.52</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| TERRY, KATIE, , ,<br>Signature  |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 73 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 01 / 2023  |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93389.00</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.15</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 28 / 2023  |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">159481.22</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 01 / 2023  |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">181631.00</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.16</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 28 / 2023  |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">279485.17</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">275020.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 74 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> |             |                   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>02</div><div>2023</div></div>                           |  |
| Mailing Address PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8146.27</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.17</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>04</div><div>2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">167627.49</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>02</div><div>2023</div></div>                           |  |
| Mailing Address 7669 STAGERS LOOP   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3843.75</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.18</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>03</div><div>2023</div></div> |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / CREATIVE DESIGN SERVICES   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">171471.24</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">11990.02</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 75 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |
|---|-------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span>C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">08 / 02 / 2023</div> |  |
| Mailing Address 7669 STAGERS LOOP   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">3843.75</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015  | <b>Transaction ID : SE.19</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">08 / 03 / 2023</div> |
| Purpose of Expenditure<br>MEDIA PRODUCTION / CREATIVE DESIGN SERVICES   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: IA                    |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">08 / 02 / 2023</div> |  |
| Mailing Address 7669 STAGERS LOOP   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">431.25</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015  | <b>Transaction ID : SE.20</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">08 / 23 / 2023</div> |
| Purpose of Expenditure<br>CREATIVE DESIGN SERVICES  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: NH                    |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">4275.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>  |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |
| Signature<br><br>TERRY, KATIE, , ,  |             | Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">01 / 31 / 2024</div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 76 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 02 / 2023                           |  |
| Mailing Address<br>7669 STAGERS LOOP  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">431.25</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.21</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 23 / 2023 |  |
| Purpose of Expenditure<br>CREATIVE DESIGN SERVICES  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">283760.17</div>          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 04 / 2023                           |  |
| Mailing Address<br>5382 N HIGHWAY 36  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">17400.67</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074   | <b>Transaction ID : SE.22</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 03 / 2023 |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">301160.84</div>          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">17831.92</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 77 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |  |  |
|--|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |                   |  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 04 / 2023  |  |
| Mailing Address    5382 N HIGHWAY 36   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">24580.20</div>  |  |
| City<br>ERDA   | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.23</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 03 / 2023  |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NH</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">196482.69</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 04 / 2023  |  |
| Mailing Address    PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">672.60</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.24</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 04 / 2023  |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">301833.44</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">25252.80</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 78 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 09 / 2023</div>                           |  |
| Mailing Address    7669 STAGERS LOOP   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>  |  |
| City<br>DELAWARE   | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.25</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 23 / 2023</div> |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 326833.44  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 10 / 2023</div>                           |  |
| Mailing Address    PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2063.64</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.26</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 14 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 328897.08  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">27063.64</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div></div></div>   |             |                   |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 79 OF 144  
FOR LINE 24 OF FORM 3X

|  |  |             |  |   |  |
|--|--|-------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |  |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>                               |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |  |             |  |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 11 / 2023 |  |
| Mailing Address    PO BOX 80219  |  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">573.72</div>   |  |
| City<br>CHARLESTON   |  | State<br>SC |  | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">329470.80</div>   |  |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 12 / 2023 |  |
| Mailing Address    PO BOX 80219  |  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1924.68</div>  |  |
| City<br>CHARLESTON   |  | State<br>SC |  | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">198407.37</div>   |  |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">2498.40</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |  |             |  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |  |             |  |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |  |             |  | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 80 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |             |  |  |  |
|---|--|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>   |  |             |  |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>14</div><div>2023</div></div> |  |
| Mailing Address    PO BOX 80219   |  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3428.28</div>   |  |
| City<br>CHARLESTON  |  | State<br>SC |  | Zip Code<br>29416  |  |
| Purpose of Expenditure<br>SMS MESSAGING   |  |             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">201835.65</div>  |  |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |  |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>18</div><div>2023</div></div> |  |
| Mailing Address    7669 STAGERS LOOP  |  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">46791.75</div>  |  |
| City<br>DELAWARE  |  | State<br>OH |  | Zip Code<br>43015  |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |  |             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248627.40</div>  |  |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">50220.03</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |  |             |  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |  |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |  |             |  | Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div>   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 81 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 18 / 2023                           |  |
| Mailing Address    7669 STAGERS LOOP  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">81750.00</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.31</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 18 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">411220.80</div>          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CAPCOR STRATEGIES <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 21 / 2023                           |  |
| Mailing Address    301 MARYLAND AVE NE  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">200000.00</div>  |  |
| City<br>WASHINGTON  | State<br>DC | Zip Code<br>20002   | <b>Transaction ID : SE.32</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 17 / 2023 |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">611220.80</div>          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">281750.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 82 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>  |             |                   |  |  |
| Full Name of Payee<br>CONVERSION CREATIVE   |             |                   | <input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div> |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">7400.12</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.33</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>             |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">618620.92</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC.  |             |                   | <input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div> |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">371705.00</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.34</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>             |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">990325.92</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">379105.12</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div>   |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div> |             |                   |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 83 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |             |   |   |  |
|---|--|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |             |   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 22 / 2023                           |  |
| Mailing Address 7669 STAGERS LOOP   |  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">195851.00</div>  |  |
| City<br>DELAWARE  |  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.35</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 21 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">444478.40</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 22 / 2023                           |  |
| Mailing Address PO BOX 80219  |  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3589.68</div>  |  |
| City<br>CHARLESTON  |  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.36</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 22 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">448068.08</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">199440.68</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |  |             |   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |  |             |   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |  |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 84 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 23 / 2023   |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5213.40</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.37</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 21 / 2023   |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">995539.32</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 23 / 2023   |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5213.40</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.38</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 21 / 2023   |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">453281.48</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10426.80</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 85 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 24 / 2023  |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">38079.83</div>  |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.39</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 21 / 2023  |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1033619.15</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 24 / 2023  |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">37855.07</div>  |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.40</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 21 / 2023  |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">491136.55</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">75934.90</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 86 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 25 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1925.88</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.41</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 25 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1035545.03</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 29 / 2023                           |  |
| Mailing Address    7669 STAGERS LOOP  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5847.00</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.42</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 30 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1041392.03</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">7772.88</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 87 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |             |  |  |
|---|--|-------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>   |  |             |  |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>29</div><div>2023</div></div> |  |
| Mailing Address<br>7669 STAGERS LOOP  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3898.00</div>   |  |
| City<br>DELAWARE  |  | State<br>OH |  |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |             | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">495034.55</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>08</div><div>30</div><div>2023</div></div> |  |
| Mailing Address<br>PO BOX 80219   |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1870.20</div>   |  |
| City<br>CHARLESTON  |  | State<br>SC |  |  |
| Purpose of Expenditure<br>SMS MESSAGING   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |             | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1043262.23</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">5768.20</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |  |             |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |  |             |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |  |             | Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 88 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |                   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 31 / 2023   |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8099.28</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.45</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 30 / 2023   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1051361.51</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 31 / 2023   |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8474.16</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.46</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 30 / 2023   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">503508.71</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">16573.44</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 89 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 31 / 2023  |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2144.40</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.47</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 01 / 2023  |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">505653.11</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 01 / 2023  |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2574.25</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.48</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 29 / 2023  |  |
| Purpose of Expenditure<br>STICKERS  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1053935.76</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">4718.65</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 90 OF 144  
FOR LINE 24 OF FORM 3X

|  |  |             |  |   |  |
|--|--|-------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |  |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>                               |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |  |             |  |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 01 / 2023 |  |
| Mailing Address    PO BOX 80219  |  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">6342.72</div>  |  |
| City<br>CHARLESTON   |  | State<br>SC |  | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">511995.83</div>   |  |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 02 / 2023 |  |
| Mailing Address    PO BOX 80219  |  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2066.28</div>  |  |
| City<br>CHARLESTON   |  | State<br>SC |  | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">514062.11</div>   |  |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">8409.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |  |             |  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |  |             |  |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |  |             |  | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 91 OF 144  
FOR LINE 24 OF FORM 3X

|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span>C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report   |  | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div></div>   |  |
| <div>Full Name of Payee<br/>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item</div> <div>Mailing Address<br/>PO BOX 80219</div> <div><div>City<br/>CHARLESTON</div><div>State<br/>SC</div><div>Zip Code<br/>29416</div></div> <div>Purpose of Expenditure<br/>SMS MESSAGING</div> <div>Category/<br/>Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div>   |  | <div>Date of Public Distribution/Dissemination<br/><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y<br/>09 / 03 / 2023</div></div> <div>Amount<br/><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  3257.16  </div></div> <div>Transaction ID : SE.51</div> <div>Date of Disbursement or Obligation<br/><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y<br/>09 / 01 / 2023</div></div>   |  |
| <div>Name of Federal Candidate:<br/>RAMASWAMY, VIVEK, , ,</div> <div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>   |  | <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate</div> <div>District: _____ State: <u>NH</u></div>   |  |
| <div>Calendar Year-To-Date<br/>Per Election for Office Sought</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  517319.27  </div>  |  | <div>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</div> <div>2024 <input type="checkbox"/> Other (specify) ▶ _____</div>   |  |
| <div>Full Name of Payee<br/>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item</div> <div>Mailing Address<br/>7669 STAGERS LOOP</div> <div><div>City<br/>DELAWARE</div><div>State<br/>OH</div><div>Zip Code<br/>43015</div></div> <div>Purpose of Expenditure<br/>MEDIA PLACEMENT</div> <div>Category/<br/>Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div>   |  | <div>Date of Public Distribution/Dissemination<br/><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y<br/>09 / 05 / 2023</div></div> <div>Amount<br/><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  464690.62  </div></div> <div>Transaction ID : SE.52</div> <div>Date of Disbursement or Obligation<br/><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y<br/>09 / 01 / 2023</div></div> |  |
| <div>Name of Federal Candidate:<br/>RAMASWAMY, VIVEK, , ,</div> <div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>   |  | <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate</div> <div>District: _____ State: <u>IA</u></div>   |  |
| <div>Calendar Year-To-Date<br/>Per Election for Office Sought</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  1518626.38  </div>   |  | <div>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</div> <div>2024 <input type="checkbox"/> Other (specify) ▶ _____</div>   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  467947.78  </div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  </div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  </div></div></div> |  |  |  |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 45%;"><u>TERRY, KATIE, , ,</u><br/>Signature</div><div style="width: 50%; text-align: right;">Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y<br/>01 / 31 / 2024</div></div></div>   |  |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 92 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 05 / 2023                           |  |
| Mailing Address 7669 STAGERS LOOP   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">463309.38</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.53</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 01 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">980628.65</div>          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 05 / 2023                           |  |
| Mailing Address 7669 STAGERS LOOP   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2287.50</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.54</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 19 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1520913.88</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">465596.88</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 93 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |   |  |
|---|-------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>   |             |  |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 07 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">2856.84</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.55</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 07 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1523770.72</div>   |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023                           |  |
| Mailing Address    5382 N HIGHWAY 36  |             |  | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">1530.77</div>  |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074  | <b>Transaction ID : SE.56</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023 |  |
| Purpose of Expenditure<br>T-SHIRTS  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1525301.49</div>   |             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">4387.61</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |  |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |  | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 94 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |   |  |
|---|-------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |  |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3549.96</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.57</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">984178.61</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2065.80</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.58</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1527367.29</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">5615.76</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |  |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |  | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 95 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 09 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4046.16</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.59</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 08 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">988224.77</div>          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 12 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1269.84</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.60</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 13 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1528637.13</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5316.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 96 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>  |             |                   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2023</div>                           |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">792.36</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.61</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1529429.49</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2023</div>                           |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4030.00</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.62</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2023</div> |  |
| Purpose of Expenditure<br>PRINTING  |             |                   | Category/<br>Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">992254.77</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4822.36</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div></div></div>  |             |                   |   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 97 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2023</div>                           |  |
| Mailing Address    5382 N HIGHWAY 36   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1727.70</div>  |  |
| City<br>ERDA   | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.63</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2023</div> |  |
| Purpose of Expenditure<br>T-SHIRTS   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">993982.47</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2023</div>                           |  |
| Mailing Address    PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2316.00</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.64</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1531745.49</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">4043.70</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 98 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>HAZLITT INDUSTRIES LLC <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 16 / 2023  |  |
| Mailing Address    8708 TURNING LEAF  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">87500.00</div>  |  |
| City<br>BOERNE  | State<br>TX | Zip Code<br>78015 | <b>Transaction ID : SE.65</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 11 / 2023  |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1081482.47</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 18 / 2023  |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">464690.62</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.66</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 12 / 2023  |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1996436.11</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">552190.62</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 99 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2023</div>                           |  |
| Mailing Address    7669 STAGERS LOOP   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">463309.38</div>  |  |
| City<br>DELAWARE   | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.67</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2023</div> |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1544791.85</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2023</div>                           |  |
| Mailing Address    7669 STAGERS LOOP   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">16987.49</div>   |  |
| City<br>DELAWARE   | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.68</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2023</div> |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2013423.60</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">480296.87</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 100 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>  |             |                   |   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>09 / 18 / 2023                           |  |
| Mailing Address    7669 STAGERS LOOP   |             |                   | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">16987.49</div>   |  |
| City<br>DELAWARE   | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.69</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>09 / 15 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION   |             |                   | Category/<br>Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |                   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">1561779.34</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>09 / 19 / 2023                           |  |
| Mailing Address    5382 N HIGHWAY 36   |             |                   | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">7400.12</div>  |  |
| City<br>ERDA   | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.70</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>09 / 13 / 2023 |  |
| Purpose of Expenditure<br>PRINTING   |             |                   | Category/<br>Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |                   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">2020823.72</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">24387.61</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature  |             |                   | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 101 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2023</div>                           |  |
| Mailing Address    5382 N HIGHWAY 36   |             |                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2628.60</div>   |  |
| City<br>ERDA   | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.71</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2023</div> |  |
| Purpose of Expenditure<br>STICKERS   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1564407.94   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CAPCOR STRATEGIES <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2023</div>                           |  |
| Mailing Address    301 MARYLAND AVE NE   |             |                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">200000.00</div>   |  |
| City<br>WASHINGTON   | State<br>DC | Zip Code<br>20002 | <b>Transaction ID : SE.72</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2023</div> |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 2220823.72   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 202628.60</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 102 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 21 / 2023                           |  |
| Mailing Address    5382 N HIGHWAY 36  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">78539.12</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074   | <b>Transaction ID : SE.73</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 18 / 2023 |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2299362.84</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 21 / 2023                           |  |
| Mailing Address    5382 N HIGHWAY 36  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">72497.64</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074   | <b>Transaction ID : SE.74</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 18 / 2023 |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1636905.58</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">151036.76</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 103 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>  |             |                   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2023</div>                           |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">75000.00</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.75</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2023</div> |  |
| Purpose of Expenditure<br>GOTV PHONE CALLS  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 2374362.84  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2023</div>                           |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">70000.00</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.76</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2023</div> |  |
| Purpose of Expenditure<br>GOTV PHONE CALLS  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1706905.58  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 145000.00   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |                   | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 104 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>   |             |                   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>09</div><div>26</div><div>2023</div></div></div>                           |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3588.96</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.77</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>09</div><div>26</div><div>2023</div></div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1710494.54</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>03</div><div>2023</div></div></div>                           |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">473873.13</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.78</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>02</div><div>2023</div></div></div> |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2848235.97</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">477462.09</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div></div></div>   |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;"><u>TERRY, KATIE, , ,</u><br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div></div></div></div> |             |                   |   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 105 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 03 / 2023                           |  |
| Mailing Address    7669 STAGERS LOOP  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">473326.87</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.79</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 02 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2183821.41</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 03 / 2023                           |  |
| Mailing Address    7669 STAGERS LOOP  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.10</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.80</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 03 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2852716.07</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">477806.97</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 106 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>   |  |
| Full Name of Payee<br>THE STRATEGY GROUP FOR MEDIA INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>10 / 03 / 2023                           |  |
| Mailing Address 7669 STAGERS LOOP   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.10</div>   |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.81</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>10 / 03 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>                          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2188301.51</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>10 / 03 / 2023                           |  |
| Mailing Address 7669 STAGERS LOOP   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">787.50</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015   | <b>Transaction ID : SE.82</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>10 / 03 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>                          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2853503.57</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5267.60</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 107 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>STRATEGIC MEDIA PLACEMENT INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 03 / 2023  |  |
| Mailing Address    7669 STAGERS LOOP  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">787.50</div>  |  |
| City<br>DELAWARE  | State<br>OH | Zip Code<br>43015 | <b>Transaction ID : SE.83</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 03 / 2023  |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2189089.01</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 04 / 2023  |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">122164.42</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.84</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 27 / 2023  |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2975667.99</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">122951.92</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 108 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> |             |                   |   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 04 / 2023</div></div>                           |  |
| Mailing Address 5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">110484.98</div>  |  |
| City<br>ERDA   | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.85</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>09 / 27 / 2023</div></div> |  |
| Purpose of Expenditure<br>PRINTING / POSTAGE   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2299573.99</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 04 / 2023</div></div>                           |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">9260.04</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.86</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 04 / 2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2984928.03</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">119745.02</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>   |  |
| (c) TOTAL Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>01 / 31 / 2024</div></div>   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 109 OF 144  
FOR LINE 24 OF FORM 3X

|  |  |             |   |  |
|--|--|-------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>   |  |             |   |  |
| Full Name of Payee<br>HAZLITT INDUSTRIES LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>   |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>10</div><div>05</div><div>2023</div></div></div> |  |
| Mailing Address 8708 TURNING LEAF  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">87500.00</div>   |  |
| City<br>BOERNE   |  | State<br>TX | Zip Code<br>78015   |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2387073.99</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>10</div><div>06</div><div>2023</div></div></div> |  |
| Mailing Address 5382 N HIGHWAY 36  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2330.83</div>  |  |
| City<br>ERDA   |  | State<br>UT | Zip Code<br>84074   |  |
| Purpose of Expenditure<br>STICKERS   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2987258.86</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">89830.83</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div>  |  |             |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>01</div><div>31</div><div>2024</div></div></div></div></div> |  |             |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 110 OF 144  
FOR LINE 24 OF FORM 3X

|  |  |             |  |  |
|--|--|-------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>   |  |             |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>05</div><div>2023</div></div>   |  |
| Mailing Address<br>PO BOX 80219  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>2010.60</div><div></div></div> <b>Transaction ID : SE.89</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>05</div><div>2023</div></div> |  |
| City<br>CHARLESTON   |  | State<br>SC |  |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> 2389084.59   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>06</div><div>2023</div></div>   |  |
| Mailing Address<br>PO BOX 80219  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>1790.40</div><div></div></div> <b>Transaction ID : SE.90</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>06</div><div>2023</div></div> |  |
| City<br>CHARLESTON   |  | State<br>SC |  |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> 2390874.99   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>3801.00</div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div></div></div> |  |             |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between;"><div>01</div><div>31</div><div>2024</div></div></div></div>   |  |             |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 111 OF 144  
FOR LINE 24 OF FORM 3X

|  |  |             |   |  |
|--|--|-------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>   |  |             |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>10</div><div>07</div><div>2023</div></div></div> |  |
| Mailing Address PO BOX 80219   |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">5926.68</div>  |  |
| City<br>CHARLESTON   |  | State<br>SC | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2396801.67</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>10</div><div>12</div><div>2023</div></div></div> |  |
| Mailing Address PO BOX 80219   |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3682.44</div>  |  |
| City<br>CHARLESTON   |  | State<br>SC | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>NH</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2400484.11</div>  |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">9609.12</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div>   |  |             |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>01</div><div>31</div><div>2024</div></div></div></div></div> |  |             |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 112 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 13 / 2023  |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7400.12</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.93</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 10 / 2023  |  |
| Purpose of Expenditure<br>PRINTING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2994658.98</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>CAPCOR STRATEGIES <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 13 / 2023  |  |
| Mailing Address    301 MARYLAND AVE NE  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">200000.00</div>   |  |
| City<br>WASHINGTON  | State<br>DC | Zip Code<br>20002 | <b>Transaction ID : SE.94</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 13 / 2023  |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3194658.98</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">207400.12</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 113 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 13 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10543.32</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.95</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 13 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2411027.43</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 17 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4031.76</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.96</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 17 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2415059.19</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">14575.08</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 114 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 18 / 2023                           |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1381.32</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.97</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 18 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3196040.30</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>THE PROSPER GROUP <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 19 / 2023                           |  |
| Mailing Address    PO BOX 488   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">13000.00</div>   |  |
| City<br>GREENWOOD   | State<br>IN | Zip Code<br>46142   | <b>Transaction ID : SE.98</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 18 / 2023 |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2428059.19</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">14381.32</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 115 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |  |   |   |                   |
|---|--|--|---|---|-------------------|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |  |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>                               |                   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |                   |
| Full Name of Payee<br>THE PROSPER GROUP   |  |  | <input type="checkbox"/> Memo Item  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 19 / 2023 |                   |
| Mailing Address PO BOX 488  |  |  | City<br>GREENWOOD   | State<br>IN   | Zip Code<br>46142 |
| Purpose of Expenditure<br>MEDIA PRODUCTION / MEDIA PLACEMENT  |  |  |   |   |                   |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose              | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA                |                   |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3209040.30</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |                   |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC.   |  |  | <input type="checkbox"/> Memo Item  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 19 / 2023 |                   |
| Mailing Address PO BOX 80219  |  |  | City<br>CHARLESTON  | State<br>SC   | Zip Code<br>29416 |
| Purpose of Expenditure<br>SMS MESSAGING   |  |  |   |   |                   |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose              | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA                |                   |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3210435.54</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |                   |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">14395.24</div>   |                   |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |                   |
| (c) TOTAL Independent Expenditures .....  |  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |                   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |  |   |   |                   |
| Signature<br><u>TERRY, KATIE, , ,</u>   |  |  |   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024                                      |                   |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 116 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 20 / 2023                            |  |
| Mailing Address<br>PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5916.60</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.101</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 20 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3216352.14</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 21 / 2023                            |  |
| Mailing Address<br>PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2128.20</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.102</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 20 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3218480.34</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8044.80</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 117 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |   |   |  |
|---|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>                               |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>   |  |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 22 / 2023 |  |
| Mailing Address PO BOX 80219  |  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1386.12</div>  |  |
| City<br>CHARLESTON  |  | State<br>SC   | Zip Code<br>29416   |  |
| Purpose of Expenditure<br>SMS MESSAGING   |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <span style="float: right;"><input checked="" type="checkbox"/> Support<br/><input type="checkbox"/> Oppose</span>  |  |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA                |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3219866.46</div>   |  |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |  |
| Full Name of Payee<br>HAZLITT INDUSTRIES LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |  |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 24 / 2023 |  |
| Mailing Address 8708 TURNING LEAF   |  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">87500.00</div>   |  |
| City<br>BOERNE  |  | State<br>TX   | Zip Code<br>78015   |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV   |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <span style="float: right;"><input checked="" type="checkbox"/> Support<br/><input type="checkbox"/> Oppose</span>  |  |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH                |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2515559.19</div>   |  |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">88886.12</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |  |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 118 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y</div>   |             |   |  |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y</div><br>10 / 24 / 2023                            |  |
| Mailing Address    5382 N HIGHWAY 36  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4030.00</div>   |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074   | <b>Transaction ID : SE.105</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y</div><br>10 / 24 / 2023 |  |
| Purpose of Expenditure<br>PRINTING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                            |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2519589.19</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y</div><br>10 / 26 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1948.32</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.106</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y</div><br>10 / 26 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                            |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3221814.78</div>         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5978.32</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 119 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |   |  |
| Full Name of Payee<br>CONVERSION CREATIVE <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 27 / 2023   |  |
| Mailing Address    5382 N HIGHWAY 36  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7400.12</div>  |  |
| City<br>ERDA  | State<br>UT | Zip Code<br>84074 | <b>Transaction ID : SE.107</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 24 / 2023  |  |
| Purpose of Expenditure<br>PRINTING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3229214.90</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 27 / 2023   |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2364.48</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.108</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 28 / 2023  |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3231579.38</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">9764.60</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |   |  |
| Signature<br><br>TERRY, KATIE, , ,  |             |                   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 120 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |                   |  |  |
| Full Name of Payee<br>CAPCOR STRATEGIES <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 27 / 2023  |  |
| Mailing Address    301 MARYLAND AVE NE  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">200000.00</div>   |  |
| City<br>WASHINGTON  | State<br>DC | Zip Code<br>20002 | <b>Transaction ID : SE.109</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 01 / 2023   |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3431579.38</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 28 / 2023  |  |
| Mailing Address    PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2394.24</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.110</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 28 / 2023   |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3433973.62</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">202394.24</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br/>01 / 31 / 2024</div></div>   |             |                   |  |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 121 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 29 / 2023                            |  |
| Mailing Address PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3748.80</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.111</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 28 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA                                     |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3437722.42</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 31 / 2023                            |  |
| Mailing Address PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4238.16</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.112</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 31 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH                                     |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2523827.35</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">7986.96</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 122 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |  |  |
|--|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |                   |  |  |
| Full Name of Payee<br>HAZLITT INDUSTRIES LLC <input type="checkbox"/> Memo Item  |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 06 / 2023  |  |
| Mailing Address    8708 TURNING LEAF   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">87500.00</div>  |  |
| City<br>BOERNE   | State<br>TX | Zip Code<br>78015 | <b>Transaction ID : SE.113</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 07 / 2023   |  |
| Purpose of Expenditure<br>DOOR TO DOOR GOTV  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2611327.35</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 07 / 2023  |  |
| Mailing Address    PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4516.20</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.114</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 07 / 2023   |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2615843.55</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">92016.20</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |                   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |                   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 123 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 07 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">6211.32</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.115</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 07 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3443933.74</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 10 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5747.04</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.116</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 10 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2621590.59</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">11958.36</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 124 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |  |  |
|--|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>   |             |                   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 11 / 2023</div>                            |  |
| Mailing Address    PO BOX 80219  |             |                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6804.48</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.117</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 10 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 2628395.07   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 16 / 2023</div>                            |  |
| Mailing Address    PO BOX 80219  |             |                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3926.64</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.118</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 16 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 3447860.38   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 10731.12</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div></div></div> |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div></div></div>   |             |                   |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 125 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |  |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 17 / 2023  |  |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3515.64</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.119</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 17 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>         |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3451376.02</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 18 / 2023  |  |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1281.00</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.120</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 17 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>         |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3452657.02</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4796.64</div>   |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 126 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>                          |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 19 / 2023</div> |  |  |
| Mailing Address PO BOX 80219  |             | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2598.24</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.121</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div>   |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>IA</u>                                      |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3455255.26</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                    |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2023</div> |  |  |
| Mailing Address PO BOX 80219  |             | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2429.40</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.122</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div>   |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>IA</u>                                      |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3457684.66</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                    |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5027.64</div>   |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>  |  |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2024</div>   |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 127 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |             |   |  |
|---|--|-------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |             |   |  |
| Full Name of Payee<br>THE PROSPER GROUP <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 20 / 2023   |  |
| Mailing Address PO BOX 488  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>  |  |
| City<br>GREENWOOD   |  | State<br>IN | Zip Code<br>46142   |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3457734.66</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>THE PROSPER GROUP <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 20 / 2023   |  |
| Mailing Address PO BOX 488  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>  |  |
| City<br>GREENWOOD   |  | State<br>IN | Zip Code<br>46142   |  |
| Purpose of Expenditure<br>MEDIA PLACEMENT   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3462734.66</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5050.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |   |  |
| TERRY, KATIE, , ,<br>Signature  |  |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 128 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |             |   |   |  |
|---|--|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div> |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 21 / 2023 |   |  |
| Mailing Address PO BOX 80219  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1408.20</div>  |   |  |
| City<br>CHARLESTON  |  | State<br>SC | Zip Code<br>29416   |   | <b>Transaction ID : SE.125</b>   |
| Purpose of Expenditure<br>SMS MESSAGING   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |   | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 21 / 2023 |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3464142.86</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 23 / 2023 |   |  |
| Mailing Address PO BOX 80219  |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">542.76</div>   |   |  |
| City<br>CHARLESTON  |  | State<br>SC | Zip Code<br>29416   |   | <b>Transaction ID : SE.126</b>   |
| Purpose of Expenditure<br>SMS MESSAGING   |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |   | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 21 / 2023 |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3464685.62</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                 |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1950.96</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |   |   |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |  |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024           |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 129 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |  |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |  |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 24 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7731.60</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.127</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 21 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2636126.67</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 25 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2812.92</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.128</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 21 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2638939.59</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10544.52</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |             |  | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 130 OF 144  
FOR LINE 24 OF FORM 3X

|   |                    |                          |   |  |
|---|--------------------|--------------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |                    |                          | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>  |                    |                          |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |                    |                          | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>                            |  |
| Mailing Address <b>PO BOX 80219</b>   |                    |                          | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3534.72</div>   |  |
| City<br><b>CHARLESTON</b>   | State<br><b>SC</b> | Zip Code<br><b>29416</b> | <b>Transaction ID : SE.129</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div> |  |
| Purpose of Expenditure<br><b>SMS MESSAGING</b>  |                    |                          | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br><b>RAMASWAMY, VIVEK, , ,</b>  |                    |                          | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3468220.34</div>   |                    |                          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |                    |                          | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>                            |  |
| Mailing Address <b>PO BOX 80219</b>   |                    |                          | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3048.36</div>   |  |
| City<br><b>CHARLESTON</b>   | State<br><b>SC</b> | Zip Code<br><b>29416</b> | <b>Transaction ID : SE.130</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div> |  |
| Purpose of Expenditure<br><b>SMS MESSAGING</b>  |                    |                          | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>   |  |
| Name of Federal Candidate:<br><b>RAMASWAMY, VIVEK, , ,</b>  |                    |                          | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3471268.70</div>   |                    |                          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">6583.08</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div></div></div>  |                    |                          |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;"><u>TERRY, KATIE, , ,</u><br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 20px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div></div></div> |                    |                          |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 131 OF 144  
FOR LINE 24 OF FORM 3X

|   |  |             |  |  |
|---|--|-------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |             |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 29 / 2023  |  |
| Mailing Address    PO BOX 80219   |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">34000.00</div>  |  |
| City<br>CHARLESTON  |  | State<br>SC | Zip Code<br>29416  |  |
| Purpose of Expenditure<br>GOTV PHONE CALLS  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3505268.70</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 29 / 2023  |  |
| Mailing Address    PO BOX 80219   |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">24000.00</div>  |  |
| City<br>CHARLESTON  |  | State<br>SC | Zip Code<br>29416  |  |
| Purpose of Expenditure<br>GOTV PHONE CALLS  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2662939.59</div>   |  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">58000.00</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |  |  |
| _____<br>TERRY, KATIE, , ,<br>Signature   |  |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 132 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |  |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>   |             |  |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>11 / 29 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">1432.20</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.133</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>11 / 29 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div>             |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                 | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">3506700.90</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>11 / 30 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |  | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">3171.00</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.134</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>11 / 30 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div>             |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                 | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">3509871.90</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;">4603.20</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> |             |  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |  | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 133 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |   |  |  |
|--|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 01 / 2023                            |  |
| Mailing Address    PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5003.52</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.135</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 01 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA                                     |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3514875.42</div>  |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 05 / 2023                            |  |
| Mailing Address    PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5685.96</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.136</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 06 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH                                     |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2668625.55</div>  |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">10689.48</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 134 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |   |  |  |
|--|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 05 / 2023                            |  |
| Mailing Address    PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4983.48</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.137</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 06 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3519858.90</div>  |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 06 / 2023                            |  |
| Mailing Address    PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">647.52</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.138</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 06 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3520506.42</div>  |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">5631.00</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br/>01 / 31 / 2024</div></div>   |             |   |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 135 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |  |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 07 / 2023  |  |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">58000.00</div>  |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.139</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 30 / 2023 |  |
| Purpose of Expenditure<br>GOTV PHONE CALLS  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>         |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3578506.42</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 07 / 2023  |  |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2107.92</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.140</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 07 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>         |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3580614.34</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">60107.92</div>  |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 136 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |             |   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 08 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1278.84</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.141</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 09 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA                                     |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3581893.18</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 09 / 2023                            |  |
| Mailing Address    PO BOX 80219   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2713.56</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.142</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 09 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH                                     |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2671339.11</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">3992.40</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 138 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |  |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 12 / 2023  |  |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">59000.00</div>  |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.145</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>11 / 30 / 2023 |  |
| Purpose of Expenditure<br>GOTV PHONE CALLS  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>         |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3642505.98</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 12 / 2023  |  |  |
| Mailing Address<br>PO BOX 80219   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">6157.08</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.146</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 12 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: <u>IA</u>         |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3648663.06</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">65157.08</div>  |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 139 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |   |  |  |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 13 / 2023                            |  |
| Mailing Address PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1400.64</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.147</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 13 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3650063.70</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 14 / 2023                            |  |
| Mailing Address PO BOX 80219  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1983.84</div>   |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416   | <b>Transaction ID : SE.148</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>12 / 14 / 2023 |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |   | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3652047.54</div>   |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3384.48</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>01 / 31 / 2024  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 140 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |  |  |  |
|---|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>   |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 15 / 2023</div>                              |  |  |
| Mailing Address PO BOX 80219  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">953.28</div>  |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.149</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 15 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶<br>District: _____ State: IA |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3653000.82</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>   |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 18 / 2023</div>                              |  |  |
| Mailing Address PO BOX 80219  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1435.80</div>   |  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.150</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 18 / 2023</div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶<br>District: _____ State: IA |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3654436.62</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                   |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2389.08</div>   |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| (c) TOTAL Independent Expenditures .....  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 31 / 2024</div>  |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 141 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |  |  |  |
|--|-------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> |             |  |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 19 / 2023</div></div>                            |  |
| Mailing Address PO BOX 80219   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1814.52</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.151</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 19 / 2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  | Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3656251.14</div>  |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> General<br>District: _____ State: <u>IA</u> |  |  |
|  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <input type="checkbox"/> Memo Item   |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 20 / 2023</div></div>                            |  |
| Mailing Address PO BOX 80219   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2565.60</div>   |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416  | <b>Transaction ID : SE.152</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 20 / 2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  | Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3658816.74</div>  |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> General<br>District: _____ State: <u>IA</u> |  |  |
|  |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....  |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4380.12</div>   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....   |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| (c) TOTAL Independent Expenditures .....   |             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |             |  |  |  |
| Signature<br><u>TERRY, KATIE, , ,</u>  |             |  | Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 31 / 2024</div></div>  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 142 OF 144  
FOR LINE 24 OF FORM 3X

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> |             |                   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>21</div><div>2023</div></div>                            |  |
| Mailing Address PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2752.08</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.153</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>21</div><div>2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3661568.82</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>22</div><div>2023</div></div>                            |  |
| Mailing Address PO BOX 80219  |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2426.28</div>  |  |
| City<br>CHARLESTON  | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.154</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>21</div><div>2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING   |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,   |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3663995.10</div>   |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5178.36</div>  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| (c) TOTAL Independent Expenditures .....  |             |                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |             |                   |   |  |
| Signature<br><u>TERRY, KATIE, , ,</u>   |             |                   | Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div>  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 143 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |  |  |
|--|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>  |             |                   |  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>26</div><div>2023</div></div></div>                            |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1909.44</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.155</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>27</div><div>2023</div></div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3665904.54</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>27</div><div>2023</div></div></div>                            |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2697.96</div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.156</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>27</div><div>2023</div></div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>District: _____ State: <u>IA</u>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3668602.50</div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4607.40</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div></div></div>  |             |                   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____<br/>TERRY, KATIE, , ,<br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div></div></div></div> |             |                   |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 144 OF 144  
FOR LINE 24 OF FORM 3X

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN EXCEPTIONALISM PAC</b>  |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00833749</div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>  |             |                   |   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>28</div><div>2023</div></div>                            |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>3520.44</div><div></div></div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.157</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>27</div><div>2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>3672122.94</div><div></div></div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| Full Name of Payee<br>ENGAGEMENT STRATEGIES, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>  |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>29</div><div>2023</div></div>                            |  |
| Mailing Address PO BOX 80219   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>1854.84</div><div></div></div>  |  |
| City<br>CHARLESTON   | State<br>SC | Zip Code<br>29416 | <b>Transaction ID : SE.158</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>27</div><div>2023</div></div> |  |
| Purpose of Expenditure<br>SMS MESSAGING  |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>  |  |
| Name of Federal Candidate:<br>RAMASWAMY, VIVEK, , ,  |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: IA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>3673977.78</div><div></div></div>  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>5375.28</div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div></div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>6202392.74</div><div></div></div></div></div> |             |                   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;"><u>TERRY, KATIE, , ,</u><br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>01</div><div>31</div><div>2024</div></div></div></div>  |             |                   |   |  |